

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/542,507

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1/2					53						
4		1/10					54						
5		1/10					55						
6		1/10					56						
7		1/10					57						
8		1/10					58						
9		1/10					59						
10		1/10					60						
11		1/10					61						
12		1/10					62						
13		1/10					63						
14		1/10					64						
15		1/10					65						
16		1/10					66						
17		1/10					67						
18		1/10					68						
19		1/10					69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	19						TOTAL CLAIMS						